

reported response to therapy of the syndromes in many organ systems. Some of the syndromes, such as neurologic dysfunction, have been documented to resolve in only a small number of patients and may be explained by the relatively ineffective therapy for the neoplasm, irreversible damage to cells, tissues and organs (such as the central nervous system) or an independent or unrelated cause and pathogenesis for the syndrome.

Documented reduction or resolution of paraneoplastic effects has followed resection of several types of neoplasms. Unfortunately, many paraneoplastic syndromes are more often recognized with advanced metastatic neoplasms, many of which are currently ineffectively treated. As therapy improves, particularly for metastatic neoplasms, we are likely to observe alleviation in many of the associated syndromes after administration of effective antineoplastic therapy. In the past 15 years, curative chemotherapy has been developed for a portion of patients with several metastatic neoplasms: acute lymphocytic leukemia, choriocarcinoma, Hodgkin's disease, diffuse high-grade non-Hodgkin's lymphoma, testicular carcinoma and other germ cell neoplasms, ovarian carcinoma, acute myelogenous leukemia, Wilms' tumor, embryonal rhabdomyosarcoma, Ewing's sarcoma and small cell lung cancer. In addition, patients with several other advanced cancers—breast carcinoma, low-grade indolent non-Hodgkin's lymphoma, chronic leukemia and many others—respond favorably to chemotherapy and, although not cured, enjoy an improved survival. The paraneoplastic syndromes associated with these neoplasms are likely to improve or resolve with antineoplastic therapy, but this clinical question has not usually received emphasis in most reports. There are several well-known and accepted examples, however, of remarkable reduction in paraneoplastic phenomena with effective combination chemotherapy. The "B symptoms" (fever, weight loss, night sweats) and pruritus with Hodgkin's disease and non-Hodgkin's lymphoma regularly resolve following chemotherapy and remission of the tumor. The majority of patients with Hodgkin's disease and diffuse high-grade non-Hodgkin's lymphoma are now cured. Gynecomastia is seen in some men with germ cell tumors, particularly those with choriocarcinoma elements and elevated plasma human chorionic gonadotropin levels. The hormone level drops and gynecomastia usually resolves after effective combination chemotherapy for the germ cell tumor. Most of these patients are also cured. The hyponatremia of the syndrome of inappropriate antidiuretic hormone secretion seen in approximately 10% of patients with small cell lung cancer at diagnosis usually resolves within three to six weeks after combination chemotherapy, but often recurs with tumor relapse. A few of these patients are also cured of their neoplasm. Before effective antineoplastic therapy was developed, these groups of patients continued to suffer from the neoplastic growth and the paraneoplastic effects. In the future, with newer and more effective approaches to the therapy for many neoplasms, the hope is that paraneoplastic syndromes will become less important as clinical problems.

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## 'The Care and Well-being of Patients'

WHEN ONE THINKS about it, it is surprising that the formally stated purposes of most medical associations make no mention of the care and well-being of patients. This has been true of the California Medical Association, it is true of the American Medical Association and we suspect it is true of most of the associations that comprise what we know as organized medicine. No doubt the care and well-being of patients has always been taken for granted by those within and without the profession. But this may no longer always be the case. It has come to pass that there are those who believe that medical associations are first and foremost physicians' protective associations.

And so if someone, perhaps a young newspaper reporter about to write a story, were to go to a public library and look up the stated purposes of a medical association, what would he or she find? In the case of the California Medical Association, the purposes until recently were "to promote the science and art of medicine, the protection of the public health, and the betterment of the medical profession." There was not a word about patients or patient care, which is what many in the profession believe we are all about.

Upon recommendation of a committee on long-range planning, the 1986 House of Delegates of the California Medical Association changed the purposes in the association's constitution to read "to promote the science and art of medicine, *the care and well-being of patients*, the protection of the public health, and the betterment of the medical profession."

In this writer's view, the newly worded statement not only gives public expression to a purpose that has been there all the time, but also places the series of organizational commitments in the proper sequence of their relative importance. We hope that other organizations within organized medicine will soon place "the care and well-being of patients" high on their masthead for all to see, and in doing so legitimize organizationally the role of patient advocacy now being espoused by the leadership of our profession.

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## Typhoid Fever—'Recherches du Temps Perdu'

FROM TIME TO TIME we see on our wards a patient with a classic disease, one which reminds us of times past in our own medical history. In the case of typhoid fever, the disease not